(i) GP, c

Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
FC	)B	NII	(Column 1) NUMBER FILED		NUMBER EXTRA		l .			OR 1 1			
FOR			NOMBER FILED		HOMBENEXITA		ŀ	RATE	FEE	4	RATE	FEE	
ВА	SIC FEE								380.00	OR		760.00	
то	TAL CLAIMS		/3 minus	20= *	*			X\$ 9=		OR	X\$18=		
IND	EPENDENT CL	AIMS	2 minus	3 = *	*			X39=		OR	X78=		
MULTIPLE DEPENDENT CLAIM PRESENT								+130=		OR	+260=		
* If the difference in column 1 is less than zero, enter "0" in column 2							L	TOTAL		OR	TOTAL	760	
CLAIMS AS AMENDED - PART II								OTHER THA					
		(Column		(Column 2) (Co				SMALL		OR	SMALL		
AMENDMENT A		CLAIMS REMAININ AFTER AMENDME	NG .	NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X39=		OR	X78=		
	FIRST PRESE	NTATION O	F MULTIPLE DE	PENDENT	CLAIM	·		+130=		OR	+260=		
							L	TOTAL			TOTAL		
					-	_	A	DDIT. FEE			ADDIT. FEE		
		(Column		(Colur		(Column 3)							
AMENDMENT B		REMAINII AFTER AMENDME	NG	NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=	•	OR	X\$18=		
	Independent	*	Minus	***		=		X39=		OR	X78=		
`	FIRST PRESE	NIATION	F MULTIPLE DE	PENDENT	CLAIM		╵╏	+130=		OR	+260=		
								TOTAL			TOTAL		
		A	DDIT. FEE			ADDIT. FEE							
		(Column		(Colur		(Column 3)	·					·	
AMENDMENT C		CLAIMS REMAININ AFTER AMENDME	NG	HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X39=		OR	X78=		
	FIRST PRESE	NTATION O	F MULTIPLE DE	PENDENT	CLAIM		∣ <del> </del>			<b>О</b> П			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+260=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

## This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION	NUMBER:							
	Fee Code	Total # Claims	Number Extra	x	Fee	Fee	=	Total
	Sm./Lg.				Sm. Entity	Lg. Entity		
Basic Filing Fee	201/101	10					=	760
Total Claims >20	203/103	<u>/3</u> -20 =		x			=	
Independent Claims >3	202/102	$\frac{13}{2} = -20 =$		x			=	
Mult. Dep Claim Present	204/104					<del></del>	=	
Surcharge	205/105						=	130
English Translation	139					·		<del> </del>
TOTAL FEE CALCULA	ATION							890
Fees due upon filing t	he application:							
Total Filing Fees Due	= \$	890						
Less Filing Fees Subr	nitted -\$							
BALANCE DUE	= \$							

Office of Initial Patent Examination